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(Re	equestor's Name)	
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HAR LA 2017 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SURJECT: MPX LAND Development, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Joseph P. Palandro Name of Person
MPX Land Development, LLC
15677 97th Da. North
Jupiter FL. 37478 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Togoh P. Palandro at (561) 262-4019 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \$60.00 Filing Fee, Certificate of Status & Certificate of S

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MPX And Develor (Name of the Limited Liability Company as it is (A Florida Limited Liability)	ow appears on our records.)	
The Articles of Organization for this Limited Liability Company were fill Florida document number <u>£ 17000 37339</u> .	a lie la more	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability con	npany here:	
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		i. S
	₹ 0 444	
Enter new mailing address, if applicable:	<u> </u>	
	2 300	03
(Mailing address MAY BE A POST OFFICE BOX)	- SQ	:
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	- 	<u>iew</u>
Name of New Registered Agent:		-
New Registered Office Address:		-
	Enter Florida street address	
	, Florida	_
City	7in Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Joseph P. Palandes	15677 979 Da N. Typter FL	334777 7 Add
			Remove
			Change
			□ Add
			☐ Remove
			Change
			🗆 Add
			□ Remove
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			☐ Remove
			Change
			Add MAR
			□ Remove
			Change SS
			Add
			□ Remove
			☐ Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
. 14 24151	ending any other finormation, enter change(s) here: (Anach adamonal sheets, if necessary.)	
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Effect	tive date, if other than the date of filing:(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60	AS 8207 (3VI
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liment's effective date on the Department of State's records.	sted as the
he re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	tier of:
Dotad	MARCH 8th, 2017.	
Date	110010	
	Signature of a member or authorized representative of a member	17
	Total O O / 1	MAR
	JOSEUN P. PAJANDRO	ယ်

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Filing Fee: \$25.00